



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
DIVISION OF REGULATION AND LICENSURE  
SECTION FOR LONG-TERM CARE REGULATION

**CORRECTIONS FOR LONG TERM CARE FACILITY LICENSE APPLICATION**

FACILITY NAME

FACILITY ADDRESS

LICENSE(S)

☐ RCF    ☐ RCF\*    ☐ ALF    ☐ ALF\*\*    ☐ ICF    ☐ SNF

\*Licensed as a residential care facility II on August 27, 2006 and chooses to continue to meet all laws, rules and regulations that were in place on August 27, 2006 for a residential care facility II.

\*\*Licensed as an assisted living facility (ALF) and chooses to accept or retain individuals with a physical, cognitive or other condition that prevents them from safely evacuating the facility with minimal assistance.

REASON FOR CORRECTION

☐ CORRECT ERROR ON PENDING APPLICATION

☐ NOTIFICATION OF CHANGE EFFECTIVE THE \_\_\_\_\_ DAY OF \_\_\_\_\_, \_\_\_\_\_.

IN ORDER TO COMPLY WITH SECTION 198.018.4, RSMo, I HEREBY REQUEST THAT MY APPLICATION FOR LICENSE TO OPERATE A LONG-TERM CARE FACILITY BE CORRECTED AS FOLLOWS:

QUESTION NUMBER	CORRECTION
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IN ADDITION, THE FOLLOWING DOCUMENTS ARE ATTACHED

THESE CORRECTIONS AND ATTACHED DOCUMENTS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

APPLICANT (OPERATOR OF FACILITY) SIGNATURE	DATE
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NOTARY INFORMATION		
NOTARY PUBLIC EMBOSSER OR BLACK INK RUBBER STAMP SEAL	STATE	COUNTY (OR CITY OF ST. LOUIS)
	SUBSCRIBED AND SWORN BEFORE ME, THIS	
	DAY OF	YEAR
	USE RUBBER STAMP IN CLEAR AREA BELOW.	
	NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES
	NOTARY PUBLIC NAME (TYPED OR PRINTED)	